

**STATE BOARD OF PSYCHOLOGY**

**PROPOSED SUPERVISORY PLANS AND GOALS**

(Post-doctoral Supervised Experience Only)

From \_\_\_\_\_ to \_\_\_\_\_  
(Pending Board Approval)

Supervisee \_\_\_\_\_  
Business Address \_\_\_\_\_

Supervisor \_\_\_\_\_  
Business Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Supervisee's Place of Employment \_\_\_\_\_ which is a:  
(check one of the following)

- \_\_\_\_\_ Regional Mental Health/Mental Retardation Board
- \_\_\_\_\_ College or University
- \_\_\_\_\_ Government Agency
- \_\_\_\_\_ Private Practice (above supervisor owns the private practice)
- \_\_\_\_\_ Other (special application must be submitted for Board approval per 201 KAR 26:250)

Planned frequency, format & duration of supervision:

\_\_\_\_\_ Weekly, individual face-to-face, one hour

\_\_\_\_\_ Additional intended supervision, please specify \_\_\_\_\_  
\_\_\_\_\_

**GOALS AND ACTIVITIES TO BE ACCOMPLISHED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**METHODS TO JOINTLY EVALUATE SUPERVISORY PROCESS:**

\_\_\_\_\_ Submit Supervisory Reports

\_\_\_\_\_ Direct Observation, please describe \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisee \_\_\_\_\_ Date \_\_\_\_\_

Home Telephone \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Home Telephone \_\_\_\_\_

**STATE BOARD OF PSYCHOLOGY**  
**SUPERVISORY REPORT**  
(Post-doctoral Supervised Experience Only)

Supervisee \_\_\_\_\_

Title \_\_\_\_\_

Supervisor \_\_\_\_\_

Dates of supervision covered by this report \_\_\_\_\_

Frequency, format, & duration of supervision:

\_\_\_\_\_ Weekly, individual face-to-face, one hour

\_\_\_\_\_ Additional Supervision provided, please describe \_\_\_\_\_  
\_\_\_\_\_

Supervisory Report submission requirements:

\_\_\_\_\_ 6 months    \_\_\_\_\_ 1 year    \_\_\_\_\_ 2 years    \_\_\_\_\_ Other, please indicate \_\_\_\_\_

**EVALUATION OF SUPERVISEE** *(Be sure to address all four activities required by 201 KAR 26:155, Section 3)*

**STRENGTHS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WEAKNESSES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Address remediation of weaknesses in next Supervisory Plans & Goals)

**STRENGTHS/WEAKNESSES OF SUPERVISOR OR SUPERVISORY PROCESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR BOARD USE ONLY**

Date Report Reviewed \_\_\_\_\_      \_\_\_\_\_ Accepted    \_\_\_\_\_ Rejected

Comments and /or Follow Up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by \_\_\_\_\_

EXCEPTIONAL	GOOD	COMPETENT	POOR	UNACCEPTABLE	
1) Foundations in psychological theory.					
5	4	3	2	1	NA
2) Ability to conceptualize and organize cases.					
5	4	3	2	1	NA
3) Ability to formulate diagnostic impressions from interviews.					
5	4	3	2	1	NA
4) Ability to formulate diagnostic impressions from formal assessment procedures.					
5	4	3	2	1	NA
5) Ability to manage time and caseload responsibilities competently.					
5	4	3	2	1	NA
6) Practice/intervention skills.					
5	4	3	2	1	NA
7) Ability to produce written reports and evaluations that are theoretically sound and supported by the data.					
5	4	3	2	1	NA
8) Ability to utilize consultation/supervisory process.					
5	4	3	2	1	NA
9) Ability to conduct practice in a legal and ethical manner.					
5	4	3	2	1	NA

**\*\*\*NOTE: Ratings below "3" should be addressed in next Supervisory Plans & Goals\*\*\***

**OTHER COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor	Date	Supervisee	Date
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**KENTUCKY STATE BOARD OF PSYCHOLOGY  
SPECIAL APPLICATION  
EMPLOYMENT OF A POST-DOCTORAL PSYCHOLOGIST (Temporary License)**

**POST-DOCTORAL CANDIDATE**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Fax)

**SUPERVISOR**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Fax)

**EMPLOYER**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Fax)

We the undersigned hereby certify that:

- (1) The supervising licensed psychologist is not hired, employed or engaged under contract by the temporary licensed psychologist and shall not be terminated by the temporary licensed psychologist;

- (a) Who is the employer for the supervising psychologist and how and by whom is he/she reimbursed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (2) The temporary licensed psychologist is not one of the owners of the independent practice or organization, but rather serves as an employee;

- (b) The owner of the agency/practice is \_\_\_\_\_. Give details of employment relationship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (3) The temporary licensed psychologist has both administrative and clinical supervision which are provided by the independent practice or organization.

- (c) Please name the Administrative Supervisor:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
**Temporary Licensee**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**Licensed Psychologist (Supervisor)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**Employer**

\_\_\_\_\_  
**(Date)**